U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440



1. File Number U - 10219

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

3. Name and address of person filing.		4. Var	4. Name, file number, and address of labor organization.			
Name _{Kevin}	Garvey	Nап	e UFCW Local 1	099		
		Lab	or Organization File No	mber 03001/		
P.O. Box, Bldg., Room No., if any		P.O	P.O. Box, Building and Room Number, if any			
Street 913 Lebanon Street		Stre	Street 913 Lebanon Street			
City Monroe		City	City Monroe			
State Ohio	ZIP Code + 4 45050	Stat	e Ohio	ZIP Code + 4 45050		
5. Position in labor organization	on. UFCW Local 1099					
Enter appropriate data be	low If, during the past fiscal year, you or your s (except as specified in the ex					
A. Held an interest in, enga monetary value from an er	nged in transactions (including loans) with, mployer whose employeds your organiz	or derived	income or other eco	onomic benefit of reseking to represent.		
6. Name and address of Employer (including trade name if any).		7.a. N	7.a. Nature of Interest, Transaction, or Income.			
Name						
Trade Name, if any:						
P.O. Box, Bldg., Room No., if any						
		7.b. A	7.b. Amount.			
Street						
City						
State	ZIP Code + 4					
	s	ignature				
submitted in this report (inc	tion. The undersigned declares, under penalty uding the information contained in any accomp nd belief, true, correct, and or mplete. (See the	anving doci	ıments), has been exa	mined by the signatory and is, to the best of the		
Signed XWM	- x prous	_ On	8/15/2005	513 539-9961 ext 3031		
-77			Date	Telephone Number		

-	
Name of Person Filing Kevin Garvey	File Number U-
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or oth of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business ctively seeking to represent, or ndirectly to, or otherwise
8. Name and address of Business (including trade name, i'any). Name UFCW Local 1099 Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 913 Lebanon Street City Monroe	9. Business deals with: a. Labor Organization X b. Trust c. Employer
State Ohio ZIP Code + 4 45050	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name UFCW Local Unions and Employers Benefit Plan Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 913 Lebanon Street City Monroe State Ohio ZIP Code + 1 45050	11.a. Nature of such dealing. Trustee on Non Food Pension Plans 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest he d or income received. Pension seminar New Orleans LA, \$915 cost of Seminar/classes, \$501 Hotel, \$250 per deim, \$1156 Airfare
	12.b. Amount. \$2,822
C. Received from any employer (other than an employer covered un or from any labor relations consultant to an employer any payment of mon	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).		14.a. Nature of payment.	
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State	ZIP Code + 4		
13.b. is the Business an Employer	or Consultant ?	14.b. Amount of payment	

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic bent fit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

9 Business deals with: 8. Name and address of Business (including trade name, if any). Name UFCW Local 1099 a. Labor Organization Trade Name, if any: 太 b. Trust P.O. Box, Bldg., Room No., if any c. Employer Street 913 Lebanon Street City Monroe ZIP Code - 4 45050 State Ohio 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. Trustee on Non Food Pension Plans Name UFCW Local Unions and Employers Benefit Plan Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 913 Lebanon Street City Monroe ZIP Code -- 4 45050 State Ohio 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. Cost of seminar/classes for 2005 Hawaii conference \$1,900 12.b. Amount.

The transactions, dealings and interests that are detailed in the attached Form LM-30 represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing, or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will immediately file an amended Form IM-30.

Signatute

Date